

APPLICATION FOR CERTIFICATION AS AN EMERGING BUSINESS ENTERPRISE

Those firms desiring to be certified as an Emerging Business Enterprise for participation in the City of Wichita Procurement Process must complete this form. An Affidavit has been incorporated as part of this form, which must be signed and verified by a Notary Public. This form must be properly and thoroughly completed, signed notarized and returned to the City of Wichita Purchasing Office, 455 North Main, 12th Floor, Wichita, Kansas 67202. (*Certification is valid for a three year period*).

For definition purposes, “*Emerging: Business Enterprise*” is a small business enterprise including its affiliates which is independently owned and operated, is not dominant in the field of operation in which it is bidding on City contracts and further qualifies under the following criteria:

- 1) Manufacturing firms: does not employ more than 50 people and gross receipts from the past three (3) years cannot exceed fifteen million dollars;
- 2) Non-manufacturing firms, distributors and wholesalers; the firm does not employ more than 20 people and gross receipts from the past three (3) years cannot exceed four million dollars;
- 3) Service firms: the firm does not employ more than 50 people nor exceed six million dollars in gross receipts in the past three (3) years.

SECTION (A)	<u>Ownership of Firm</u> Company Identification
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Contact Person: _____

1. Name of Firm _____
2. Federal Identification or Tax Number of Firm _____
3. Address of Firm _____
4. Telephone number of Firm (Area Code) _____ (Number) _____
5. Circle whether firm is Sole Proprietorship, Partnership, Joint Venture, Corporation, or other business entity; If Firm is a corporation, attach a copy of Incorporation Charter.
6. Nature of Business/ Type of work for which requesting Certification.

EMERGING BUSINESS CRITERIA

SECTION (B)

1. Is your business an Emerging Business Enterprise per the definition outlined on page 1? Yes _____ No _____
2. How many full-time and how many part-time employees does the firm employ?
Full Time _____ Part Time _____
3. What is the gross annual sales revenue from the past three (3) years of the firm?

4. What type of Firm is your business?
 - a) Manufacturing firm
 - b) Non-Manufacturing Firm
 - c) Service Firm
 - d) Retailer
 - e) Wholesaler
 - f) General Contractor
 - g) Engineering Company

BUSINESS CAPABILITIES

SECTION (C)

1. Date Firm was established and State. _____
2. Did business have other previous owners? If yes, explain.

3. Identify those companies or individuals who own the firm and attach documents verifying owners and/or majority shareholders. (Secretary of State annual reports acceptable for Corporations).
4. If Firm is required to be licensed to do business in the City of Wichita, attach a copy of the license.
5. List Firm's members of the Board of Directors

Name	Title	Length On Board	Other Business Affiliations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List Control of Firm (those individuals by name and title who are responsible for the operations listed below)

Name	Title
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Financial Decision & Transaction
Estimating and Bidding
Marketing and Sales
Hiring and Firing of Management
Purchase of Major Items or Supplies
Supervision of Field Operations
Office Management
Contract
Negotiations

OTHER CERTIFICATIONS

SECTION (D)

1. Is your business a Section 3 business concern? Yes _____ No _____

For definition purposes only, a Section 3 Business concern is a business:

- that is 51% or more owned by Section 3 residents and whose management and daily business operations are controlled by one or more individuals;
- whose permanent, full-time employees include persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or,
- that commits to award more than 25% of all subcontracts to business concerns, which meet the two above criteria.

For definition purposes only, a Section 3 Resident is

- a public housing resident
- an individual who resides in the metropolitan area in which the section 3 assistance is expended and who is a low-income person (whose income does not exceed 80% of the area median family income **or** a very low-income person (whose income does not exceed 50% of the area median family income.

SECTION (E)

ADDITIONAL INFORMATION

(The following questions are for statistical tracking purposes only and will not affect Emerging Certification)

The firm is principally owned and operated by one or more persons who are (please check all that apply) Women ___ / African American (AA) ___ / Hispanic (HI) ___ / Asian (A) ___ / Native American (NA) ___ / Alaskan American (AKA) ___ / Pacific Islander (PA) ___ / none of the foregoing ____/

Is Firm certified under the Small Business Administration SECTION 8(a)? Yes ____ No ____ (If yes, date expires) _____

Is Firm certified under the Small Business Administration SDB Program? Yes ____ No ____ (If yes, date expires) _____.

Is Firm certified as a Disadvantage Business Enterprise (DBE) under the State of Kansas Statewide Certification Program? Yes ____ No ____ (If yes, date certification expires) _____

[STAFF USE ONLY: STAFF CHECK OF STATE OF KANSAS CERTIFIED FIRMS AND STATE LISTING OF UNCERTIFIED FIRMS INDICATED: _____

AFFIDAVIT

The undersigned swears that the foregoing statements and all attachments hereto are true and correct and include all material information necessary to identify and explain the operations of _____
(Name of Firm)

as well as the ownership thereof. Further, the undersigned agrees to provide to the City of Wichita complete and accurate information regarding actual work performed on an City of Wichita let project, and the payment therefore, and to permit the audit and examination of books, records and files of this firm by any authorized official of the City of Wichita. Any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for initiating punitive action under Federal or State Laws concerning false statements.

If, after filing this form there is any change, which would affect the Emerging status of this firm in the information herein submitted, this firm will inform the City of Wichita of such change within thirty (30) days of such change.

CORPORATE SEAL
(Where Appropriate)

Name

Title

Signature

Date

STATE OF _____)
_____) ss
_____)

On this _____ day of _____, 20_____
appeared before me personally and who being duly sworn, executed the foregoing affidavit, and stated that he/she was properly authorized _____, to execute the affidavit and did so as his/her free act and deed.

Seal:

Notary Public

My commission expires the _____ day of _____, 20_____.